PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10767195

(Column 1) (Column 2)							SMALL ENTITY TYPE				OTHER THAN OF SMALL ENTITY		
TOTAL CLAIMS			0.7		(COIL					OF			
			10					RATE	FEE	4	RATE	FEE ·	
FOR			NUMBER FILED		NUME	SER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 (minus 20= *			7		XS 9=		OR	X\$18=	36	
_	DEPENDENT C		minus 3 = "					X43=		OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	978	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
		(Column 1)	<u> </u>	(Column 2) (Column 3)			_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CLAIM	= '		X43=		OR	X86=		
	THOTTHEOL	ENTATION OF MIC	DETIT EE DE	LINDLINI	CLAIN			+145=		OR	+290=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		ODII. FEE I	•		ADDII. PEE						
m		CLAIMS		(Columi	ST	(Column 3)	Г		ADDI-	ו ו		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
NON	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
AME	Incependent	*	Minus	states		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		┢			1 1		· ·	
								+145= TOTAL		OR	+290=		
									•	OR A	TOTAL ADDIT. FEE		
		(Column 1)		(Column		(Column 3)							
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
If	the "Highest Nur	nber Previously Pai	d For" IN THIS	SPACE is le	ss than	20. enter "20."	ΑD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
. T	itne "Highest Nur he "Highest Num	mber Previously Pai ber Previously Paid	d For IN THIS For (Total or I	SPACE is le Independent	ess than) is the h	3, enter "3." nighest number			opriate box			N.	